

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lorenzo Care Home, LLC	CHAPTER 100.1
Address: 89-1591 Hoomaika Street, Pearl City, Hawaii 96782 98-	Inspection Date: September 27, 2019

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1, pharmacy labeled container for "Calcitonin 200 unit 1 spray to nose 1x/daily with calcium and Vit D" reads, "Store in Refrigerator Until Opened". However, two (2) unopened containers stored at room temperature.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The two (2) unopened Calcitonin bottles were discarded as instructed by pharmacist. Refill was requested. The new unopened bottles are now refrigerated in a locked medicine storage.</p>	<p>9-27-2019</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1, primary care giver assessment (PCGA) upon readmission (1/27/19) incomplete as follows:</p> <ol style="list-style-type: none"> 1. Diet order (1/27/19) reads, "Heart Healthy" however, PCGA reads, "Regular". 2. No information for "problems chewing or swallowing" however, resident missing teeth. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, care plan:</p> <ol style="list-style-type: none"> 1. Provides for conflicting diet orders - Mild Congestive Health Failure (MCHF) "Low Salt Diet" and Alteration in Nutrition and Hydration (ANH) "Regular, minced". 2. At Risk for Falls, reads, "use alarm at night if necessary"; however, no alarm available. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1) CM updated service plan with the right diet order -- regular, minced.</p> <p>2) CM deleted the bed alarm issue from the service plan since client no longer needs it.</p>	<p>10-1-2019</p> <p>10-1-2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate,</p> <p><u>FINDINGS</u> Resident #1, no evidence of training pertaining to new medication and safety following discharge from hospital.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>New training sheets for medications and safety have been provided by CM.</p>	<p>10-1-2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident #1, no evidence of assessment pertaining to new medication "Calcitonin 200 unit 1 spray to nose 1x/daily with calcium and Vit D" and physical therapy exercises, safety at night (side rail and alarm) following surgery.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>CM updated service plan to address Calcitonin use. PT exercises and side rail/alarm are no longer on the service plan since these issues are resolved.</p>	<p>10-1-2019</p>

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Licensee's/Administrator's Signature: CA

Print Name: CATHERINE LORENZO

Date: OCT. 10, 2019

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